REPORT OF THE SUBCOMMITTEE ON PLANNING AND PROGRAMMING

The Executive Committee's Subcommittee on Planning and Programming met twice since the last meeting of the Executive Committee, with the following countries in attendance:

- 11 to 13 December 1985 (Bahamas, Brazil, Canada, Colombia, Cuba, Mexico, and United States of America)
- 2 to 4 April 1986 (Brazil, Canada, Colombia, Mexico, Trinidad and Tobago, United States of America, and Venezuela).

The Technical Secretariat prepared, and the members of the Subcommittee considered, documents on the following subjects:

- The economic crisis and its impact on health and health care in Latin America and the Caribbean
- PAHO's planning, programming and evaluation system
- Criteria for the establishment of priorities for PAHO's technical cooperation with countries
- Evaluation strategy development within the Pan American Health Organization
- Study of the functions of the Governing Bodies of the Pan American Health Organization
- General policy for technical cooperation of the Pan American Health Organization in the 1987-1990 quadrennium
- Strengthening leadership in the health field

- TCDC/ECDC activities in the fields of pharmaceuticals and essential drugs, immunology, vaccines, biotechnology, the maintenance of physical infrastructure, and biomedical equipment.

- Rules of Procedure of the Subcommittee on Planning and Programming.

The final reports of the two meetings, including the respective lists of participants, are appended (Annexes I and II).
Washington, D.C., 11-13 December 1985

SPP6/FR, Rev. 1 (Eng.)
16 December 1985
ORIGINAL: ENGLISH-SPANISH

FINAL REPORT
SPP6/FR, Rev. 1 (Eng.)

SUBCOMMITTEE ON PLANNING AND PROGRAMMING OF
THE EXECUTIVE COMMITTEE OF PAHO

Final Report

The Subcommittee met at the PAHO Headquarters in Washington, D.C., from 11 to 13 December 1985. The following Member Governments of the Executive Committee, elected to the Subcommittee, were present at the session: Brazil, Canada, Colombia, and Mexico. The other countries represented at this meeting of the Subcommittee were: Bahamas, Cuba and the United States of America. These countries participated at the invitation of the Director of PAHO, in accordance with Resolution XII of the 92nd Meeting of the Executive Committee (see Annex for List of Participants).

OPENING OF THE MEETING

Dr. Carlyle Guerra de Macedo, Director of PAHO, opened the meeting, welcoming and thanking the members of the Subcommittee for their interest in participating in the discussion of the proposed topics. Those topics, it was stressed, are important for PAHO's scientific and technical cooperation with the Member Countries.

The Subcommittee elected Dr. Fabiola de Aquiáar Nunes, Coordinator for Special Programs of the Ministry of Health of Brazil, to preside over the meeting; Dr. Ricardo Galán, Secretary General of the Ministry of Health of Colombia, to serve as Vice Chairman; and Dr. Ramón Alvarez Gutiérrez, Coordinator of Advisors of the Secretariat of Health of Mexico, as Rapporteur.

OFFICERS

Chairman: Dr. Fabiola de Aquiáar Nunes Brazil
Vice Chairman: Dr. Ricardo Galán Colombia
Rapporteur: Dr. Ramón Alvarez Gutiérrez Mexico
Secretary ex officio: Dr. Carlyle Guerra de Macedo Director, PAHO
Technical Secretary: Dr. José R. Teruel Chief, DAP/PAHO
AGENDA

Dr. Fabiola de Aguiar Nunes, assuming her responsibilities as Chair, presented the Agenda for the consideration of the members of the Subcommittee. The agenda adopted was as follows:

1. The Economic Crisis and its Impact on Health and Health Care in Latin America and the Caribbean
2. Study of the Role of the Governing Bodies of the Pan American Health Organization
3. PAHO's Planning, Programming, and Evaluation System
4. Strengthening of Leadership in the Health Field
5. Rules of Procedure of the Subcommittee on Planning and Programming
6. Other Matters.

THE ECONOMIC CRISIS AND THE IMPACT ON HEALTH AND HEALTH CARE IN LATIN AMERICA AND THE CARIBBEAN

The Subcommittee heard and discussed the presentation of the document "The Economic Crisis and Its Impact on Health and Health Care in Latin America and the Caribbean" (SPP6/4), which stressed the internal and external adjustment of national economies to the debt repayment crisis; the mechanisms by which these adjustments are likely to affect people's health, directly or through the health care system; and the consequences, so far as data are available, for central government health budgets, for the composition of spending, and for such health status indicators as the level and structure of infant mortality and the level of malnutrition. It was stressed that the study referred only to the current crisis, not to deeper structural problems—although these have been revealed or worsened by the crisis, and deserve both study and remedial action. It was also stressed that, in keeping with PAHO's mandate, the study considered only health rather than other dimensions of welfare.

The study was recognized as an advance over previous PAHO efforts and as a helpful exercise for non-economically-trained professionals to understand the economic setting and the mechanisms by which health is threatened. The chief limitation pointed out was the paucity of specific recommendations for action by PAHO or the Member Countries. It was agreed that, in addition to deciding on actions to undertake within the health sector, member ministries of health need, as emphasized in the study, to explain the health consequences of the crisis in other fora and to increase the consideration given to health in decisions on economic adjustment and on development policy generally.
Several speakers stressed that the crisis is also an opportunity to resolve more structural problems, and that overcoming the crisis should not mean simply returning to the pre-crisis situation of financing or service. Two aspects in particular were mentioned: the chance to limit medical imports to truly essential supplies, and the need to improve both the delivery of financial resources to health and the efficiency of their use (and not only to restore or increase the amount of resources).

So far as the current limitation of information is concerned, it was noted that PAHO will shortly publish the next edition of Health Conditions in the Americas, thus permitting fuller analysis. Also, PAHO will develop studies of health sector adjustment to the crisis in four or more countries, with IDB financing. Furthermore, analyses of specific indicators (such as the incidence of low birthweight) are under way. The Subcommittee recognized the inadequacy of many traditional health indicators for measuring short-term changes or for use in a model or framework incorporating social and economic variables. Indicators of nutritional status and associated ill health were emphasized as probably the most responsive to the crisis, as well as being those indicators most easily improved through specific programs of surveillance and food supplementation, as the experience of several countries suggests. The need for better measurement of health consequences was repeatedly mentioned, although theory and inference support the view that health has been damaged by the crisis more than the available information shows, and corrective action in many cases need not wait for better data.

The members of the Subcommittee generally agreed that special emphasis should be given by PAHO and its Members Countries to the activities listed hereafter, which are all covered under PAHO's current program budget:

- continue their efforts to understand the crisis and its consequences, and share those efforts and understanding with non-health international agencies, continuing collaboration with the IDB and ILPES in this regard;

- study and improve the financing of health care, with emphasis on better use of resources and not only their obtention;

- improve the efficiency of health services and systems operations;

- take specific action in a few critical matters, of which the supply of drugs and the supplementation of basic foods are especially important, although in the latter case the eventual objective must be to end hunger and not simply to provide palliative help;

- defend the importance of health in national development generally, playing a stronger advocacy role in this regard; and
- use the crisis to question and thereby improve the type of economic development policy of recent decades, which has produced significant growth while leaving a large share of the population in abject poverty, even worsening the quality of their lives in health and other aspects of welfare. Here also the objective is to define properly the participation of health in national global development, taking particularly into account the policy and political dimensions of the issue. This matter should also be considered at international level.

**STUDY OF THE ROLE OF THE GOVERNING BODIES OF THE PAN AMERICAN HEALTH ORGANIZATION**

The study of the role of the Governing Bodies of the Pan American Health Organization was presented to the Subcommittee. It included an analysis of the structure and role of other selected international organizations in the United Nations and organizations of the Inter-American system; an analysis of the general principles involved in such organizations; and a comparison of the roles of the Pan American Sanitary Conference, Directing Council, and Executive Committee, with the constitutional provisions establishing those bodies. A separate study of the resolutions passed by such Governing Bodies for 40 years, up to 1982, was also presented to the Subcommittee, in response to its request at an earlier meeting. The conclusions were that few resolutions dealt with policy matters, many resolutions did not provide for means of implementation, that the Sanitary Conference and Directing Council performed essentially the same role, and that the Executive Committee was almost exclusively an advisory body.

The Members of the Subcommittee expressed general interest in the topics presented, but requested additional information on the actual impact of the resolutions adopted by the Governing Bodies, particularly in the last few years, as well as on the method for determining the agenda of the Governing Bodies.

The Director indicated that his concerns centered on the need for a more clearly expressed policy role for the Sanitary Conference, as envisioned by the PAHO Constitution, and a more operational role for the Directing Council; he also suggested that the Executive Committee might be delegated more authority to decide administrative matters, as permitted by the PAHO Constitution, as has been done for approval of amendments to the PAHO Staff Rules and the annual plan of work for the PAHO Building Fund. It was concluded that the Sanitary Conference, in addition to electing the Director, should decide on a 4-year orientation on priorities for the Organization's activities.
The Director also pointed out the difficulties of limiting agendas to critical items necessary for decisions, when a majority of agenda items are required either by the PAHO Constitution or Regulations, by previous resolutions of a PAHO or WHO Governing Body, or respond to a request by a PAHO Member Government or proposals of the Director.

The Members of the Subcommittee were in general agreement with the Director's observations and suggestions. It was recommended that the Secretariat and the Governing Body Members screen with rigour the items recommended for inclusion in the agenda as well as the format and contents of resolutions.

PAHO'S PLANNING, PROGRAMMING AND EVALUATION SYSTEM

This item was included in the agenda at the recommendation of the Subcommittee at a previous meeting. The document, prepared by the Secretariat for the Subcommittee's consideration, was briefly described, highlighting its central elements:

a) The bases of the system, in accordance with the complexity of PAHO/WHO action, and with the mission that has been defined for the Organization, as well as the managerial strategies adopted for fulfilling this mission;

b) Review of the characteristics of the system and the principal problems detected in the early 1980s; and

c) A description of the changes introduced in the system since 1983 and of the new developments to be incorporated in the near future to ensure ongoing enhancement of the system of planning, programming and evaluation of PAHO/WHO.

The discussion that followed provided an opportunity for the Secretariat to clarify some aspects of the process described in the document and answer some questions posed by the members of the Subcommittee. Generally speaking, the reaction of the members of the Subcommittee has been very favorable not only with respect to the contents of the document but also to the frank position of the Secretariat, examining with the countries the AMPES' problems and the measures adopted for its development.

There was consensus that the current process of development of the AMPES has the proper orientation and that the Secretariat, with the support of the countries, should follow the suggested measures. Similarly, the members of the Subcommittee thought that PAHO/WHO should focus its attention on developing the AMPES components for monitoring and evaluation in PAHO's technical cooperation.
Some important suggestions also were made with regard to increasing the AMPES' ability to facilitate the understanding and handling of cooperation by the Secretariat, and even more so by the countries. The information generated by AMPES should be of particular relevance to national governments, the Governing Bodies and the Secretariat. To this end, the AMPES should always bear in mind the political realities of the countries, individually and in joint decision-making at the level of the Governing Bodies of the Organization.

It was also recommended that the Secretariat continue its efforts to enhance the expression, in the AMPES, of the relationships of regional policies and strategies with the countries' specific cooperation needs and the relationship between cooperation and the Governments' health programs. This could be achieved if the AMPES were to consider various elements, such as demand, supply, the delivery process, and the results and impact of cooperation. Lastly, some members expressed their concern that the introduction of quarterly work plans may exceed the administrative capacity of the Country Representative Offices. Monitoring of this new system would be ongoing and adjustments made if deemed necessary.

The process of developing the AMPES has been long and should be continued in the future on the basis of joint efforts and ongoing dialogue between the Secretariat and the countries. This process, which is based on resolutions of the Governing Bodies of PAHO/WHO, will, in addition to improving the planning and evaluation of cooperation, aim to enhance and simplify the administrative procedures involved in technical cooperation.

In summarizing the Secretariat's comments, the Director again mentioned the priority assigned to evaluation--of programs, of units and of staff--which requires the countries' support and participation. While this process may take a long time, the Directorate is interested in speeding it up and has the support of PAHO's Governing Bodies. The relevance of evaluation for the countries and PAHO is based on the fact that better use of already available resources is crucial for overcoming the financial difficulties currently affecting the sector.

**STRENGTHENING OF LEADERSHIP IN THE HEALTH FIELD**

The introduction of this item by the Secretariat stressed what was meant by leadership in the context of this program, placing emphasis on the intersectoral and interdisciplinary nature of this initiative. The initiative does not attempt to train leaders in a stereotypical manner, but rather to foster their development by providing them with instruments for analyzing and thinking through the sociopolitical and scientific technological problems of the health field.
The program includes three specific components, which were analyzed in detail:

- To improve the capabilities of the public health schools for advanced training;

- To establish continuing education programs for the top levels of the health services hierarchy; and

- To utilize PAHO's own abilities to bring potential leaders into contact with comparative health studies and the international dimension of the health field.

In addition to the description of activities currently under way, reference was made to the attempt by the Secretariat to obtain extra-budgetary funds in order to speed up implementation of this program.

In general, the participants highlighted the importance of initiatives in this field; in some cases they put forth technical opinions aimed at improving the proposal.

Emphasis was placed on the importance of expanding public health training for longer periods in order to increase the technical and scientific knowledge in selected areas. Reference was also made to the special requirements of the English-speaking Caribbean countries.

It was pointed out that the program in general should not be limited to physicians and nurses; rather, it should be open to all professions related in any way to health.

There was special interest in involving nongovernmental agencies in this effort like ALAEESP and others. In reference to the NGO's, mention was made of the potential that may be to extend the networks of resources supporting HFA/2000 through PHC, by the Organization reaching out to involve nongovernmental organizations in the effort. Community-level development projects could benefit from funding through channels other than the traditional bilateral and multilateral ones.

The Secretariat clarified the difference between international health residencies and PAHO's regular fellowship program. Subsequently, in response to several general comments on public health training, a further statement was made to show the breadth of this field and the role that the Organization has played in it. A clarification was also provided on the relationship of this programming with the position that has been taken by WHO in this area.

Generally speaking, the members present agreed with the attention being given to this program.
RULES OF PROCEDURE OF THE SUBCOMMITTEE OF THE EXECUTIVE COMMITTEE ON PLANNING AND PROGRAMMING

The draft Rules of Procedure for the Subcommittee on Planning and Programming of the Executive Committee were reviewed by the members of the Subcommittee after a brief explanation by the PAHO Secretariat of their origin and purpose. The review generated a discussion on the role of the Subcommittee as an exclusively advisory body, and the concomitant representative nature of the views expressed by the Subcommittee members. It was recognized that the members of the Subcommittee were naturally present in their representative capacities, designated by the Member Countries on the Subcommittee, but that because the Subcommittee had no authority to take decisions, or even to have formal votes, the representatives are able to participate in the discussions with greater flexibility, making specialized contributions in the analysis of topics that are important for PAHO that will later serve as the basis of policy and technical decisions at the level of the Governing Bodies.

Also discussed in some detail was the size of delegations to the Subcommittee, with particular focus on the advisability of including alternate representatives, a limited number of advisers (and their respective rights of participation), as well as any expansion of the Subcommittee to allow participation by Observers from non-Subcommittee members. It was fully understood that PAHO could only pay for one representative from each Subcommittee member, in compliance with the Rules of Procedure for the Executive Committee, of which the Subcommittee is a subsidiary. The Subcommittee concluded that these and other procedural matters should be studied more fully, in light of the discussions and the need to maintain the Subcommittee as an exclusively advisory body dedicated to in-depth, preliminary analysis of important policy issues. It was therefore decided that a revised set of Rules of Procedure should be presented to the Subcommittee at its following meeting.

CLOSING

The final session of the Subcommittee was held on the afternoon of the 13 December 1985.

The Subcommittee approved the dates suggested by the Secretariat for the next meeting: 2-4 April 1986.
The following agenda was approved for the meeting:

1. Review of the Final Report of the Previous Meeting

2. Criteria for the Establishment of Priorities for PAHO's Technical Cooperation with Countries


5. Evaluation of TCDC Activities in the Fields of Biotechnology, Immunology, Essential Drugs, Supplies and Equipment

6. Rules of Procedure of the Subcommittee (Revision)

7. Other Matters.
Washington, D.C., 11-13 December 1985

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Mr. Pedro Brito

Ms. Cynthia Carver  
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Ms. Mariela Licha Salomón  
Ms. Delia Sánchez

Mr. Michel Trahan  
Mr. Guillermo Troya
Washington, D.C., 2-4 April 1986

SPP7/FR, Rev. 1 (Eng.)
4 April 1986
ORIGINAL: ENGLISH-SPANISH

FINAL REPORT
SUBCOMMITTEE ON PLANNING AND PROGRAMMING OF THE EXECUTIVE COMMITTEE OF PAHO

Final Report

The Subcommittee met at the PAHO Headquarters in Washington, D.C., from 2 to 4 April 1986. The following Member Governments of the Executive Committee, elected to the Subcommittee, were present at the session: Brazil, Canada, Colombia, and Mexico. The other countries represented at this meeting of the Subcommittee were: the United States of America, Trinidad and Tobago, and Venezuela. These countries participated at the invitation of the Director of PAHO, in consultation with the Chairman of the Executive Committee.

OPENING OF THE MEETING

Dr. Carlyle Guerra de Macedo, Director of PAHO, opened the meeting, welcoming and introducing the participants (see attached list of participants).

The Subcommittee elected Dr. Alvaro Llopis, Director of the Sectoral Office for Planning and Budget of the Ministry of Health and Social Welfare of Venezuela, to serve as Chairman; Dr. Ricardo Galán, Secretary General of the Ministry of Health of Colombia, to serve as Vice Chairman; and Dr. Ramón Alvarez Gutiérrez, Coordinator of Advisors of the Secretariat of Health of Mexico, as Rapporteur.

OFFICERS

Chairman: Dr. Alvaro Llopis Venezuela
Vice Chairman: Dr. Ricardo Galán Colombia
Rapporteur: Dr. Ramón Alvarez Gutiérrez Mexico
Secretary ex officio: Dr. Carlyle Guerra de Macedo Director, PAHO
Technical Secretary: Dr. José R. Teruel Chief, DAP/PAHO
AGENDA

Dr. Alvaro Llopis, assuming his responsibility as Chair, presented the Agenda for the consideration of the members of the Subcommittee. The Agenda was adopted as follows:

1. Review of the Final Report of the Last Meeting
2. Information on the 1988-1989 Program Budget
3. TCDC/ECDC Activities in the Fields of Pharmaceutical and Essential Drugs, Immunology, Vaccines, Biotechnology, Maintenance of Physical Infrastructure, and Biomedical Equipment
4. Criteria for the Establishment of Priorities for PAHO's Technical Cooperation with Countries
5. General Policy for Technical Cooperation of the Pan American Health Organization in the 1987-1990 Quadrennium
6. Evaluation Strategy Development within the Pan American Health Organization
7. Rules of Procedure of the Subcommittee (Revision)
8. Other Matters.

REVIEW OF THE FINAL REPORT OF THE LAST MEETING

The Secretary informed the Subcommittee that the report, with corrections suggested at the last meeting, was sent to the members of the Subcommittee who participated in that meeting. It was noted that the last sentence of Item 1, on The Economic Crisis and the Impact on Health and Health Care in Latin America and the Caribbean is not sufficiently clear. Nonetheless the report was left unchanged.

INFORMATION ON THE 1988-1989 PROGRAM BUDGET

Mr. J. A. Milam, the Chief of Budget, introduced the item and noted that, in order for the September 1986 WHO Regional Committee (PAHO's Pan American Sanitary Conference) to make recommendations to the Director-General of WHO on this Region's proposal for 1988-1989, the Secretariat must start working on the proposal now, since it will be reviewed by the Executive Committee at its June meeting.
The Director-General's tentative planning allocation for this Region provides for an increase of 14.5% over 1986-1987. This 14.5% is composed of mandatory and inflation-related increases of 13.5% and program growth of 1% devoted to country programs only. It is felt that the cost increase of 13.5% is probably too large.

Rather than using this overall increase of 14.5%, the Director set a goal of 12.0% composed of 10.5% cost increases and 1.5% program growth—also devoted to country programs only. The distribution of the amounts was presented in the document, assuming an overall goal of 36.2% of the two regular budgets in country programs, including program growth.

The goal of 36.2% of the funds in country programs including program growth, will be difficult to achieve, since the average cost of fellowships and short-term consultants is declining.

Also, data were presented showing how that percentage could be distributed equally among the programs. This program distribution is for information only since program priorities will still have to be reviewed by this Subcommittee, as well as by the forthcoming Executive Committee and Pan American Sanitary Conference.

The Secretariat requested opinions, ideas, and recommendations concerning this subject.

The Director summarized the economic situation within the Region, and its potential impact upon the Organization's program. He also described the situation concerning the decline in various exchange rates against the U.S. dollar, especially in relation to the WHO Headquarter's budget, and possible implications for this Region.

The U.S. delegate expressed his appreciation for the Subcommittee being briefed well in advance on the 1988-1989 program budget. In relation to program growth, the continued interest of the major contributors in zero program growth was mentioned. Both PAHO and WHO were commended for providing program growth in countries, while maintaining zero program growth overall in the 1986-1987 program budgets. The general impact of the Kassebaum amendment and the provisions of the Gramm-Rudman-Hollings law in reducing the financial resources of both PAHO and WHO were mentioned, and it was recommended that the Organizations take the actions and intentions of the U.S. Congress into account in formulating future program budgets.

The Subcommittee's attention was called to the list of programs presented in the document, and the need for establishment of priorities, which was a separate agenda item. Program priorities will also be reviewed by the forthcoming Executive Committee and the Pan American Sanitary Conference.
The participants discussed the relationship between the budget and the programs, especially the possibility of taking into account priority criteria and program evaluation when allocating resources in PAHO's programming system.

TCDC/ECDC ACTIVITIES IN THE FIELDS OF PHARMACEUTICAL AND ESSENTIAL DRUGS, IMMUNOLOGY, VACCINES BIOTECHNOLOGY, MAINTENANCE OF PHYSICAL INFRASTRUCTURE, AND BIOMEDICAL EQUIPMENT

The Secretariat presented a summary of the document reviewing specific experiences in the above-mentioned fields. For each field a brief review of the existing problems was presented and ongoing TCDC activities were described. It was emphasized that the results today are highly variable and in some areas this type of cooperation is only in its initial stage.

The Subcommittee requested information regarding the matchmaking mechanisms to consolidate TCDC, and commented that the Organization's request to its Member Countries to include in their national budgets resources to support TCDC may not be realistic due, among other things, to the current economic crisis.

The Secretariat replied that the matchmaking mechanism for TCDC can be recognized in the different examples given in the document. Governments have jointly identified the needs and the capacities for collaborative activities and have agreed to implement them, with PAHO playing a catalytic and facilitating role. In other cases, which are not included in the document, the matchmaking process has taken place on a bilateral basis. This is the case between Mexico and Belize, where Mexico is providing technical cooperation to solve different problems in the development of the health system in Belize. Also, Mexico and Cuba, with support of PAHO, have signed an agreement to develop collaborative activities in areas such as biotechnology, blood transfusion, and animal health. It was also noted that, although PAHO plays a catalytic and supportive role for TCDC promotion, the countries themselves have the ultimate responsibility. The political will and policy commitment are fundamental for TCDC. It was further stated that matchmaking mechanisms could be classified as follows:

- Multigovernmental with several countries involved, for example, projects such as those in the Plan for Priority Health Needs in Central America and Panama.

- Multinational/interinstitutional, for example, in the areas of biotechnology and immunology.

- Bilateral/intergovernmental, such as the case of Mexico/Belize, Mexico/Cuba.
- Between private sector enterprises. A good example is between Brazilian and Argentinian private companies for the production of interferon and insulin.

In the above-mentioned types of cooperation there is a transfer of technical scientific knowledge, exchange of experts and, in other cases, cooperation in kind. It is important for PAHO to identify specific areas for TCDC in order to facilitate and support the process. When there is a political decision on the part of the countries to cooperate among themselves, it is easier for the Organization to facilitate the contacts and mobilize resources to support the collaborative activities.

**Pharmaceuticals and Essential Drugs**

It was noted that the second and third paragraphs in this section of the document required clarification to avoid misinterpretations. The Secretariat agreed to revise the paragraphs mentioned.

With regard to TCDC and the English-speaking Caribbean, there is a need to evaluate in depth why two long-standing TCDC efforts supported by the CARICOM Secretariat--Joint Procurement and the Drug Testing Laboratory--have not had the expected impact in the Region. The Barbados Drug Service (BDS) is an outstanding example of a national drug program, and it cannot be considered a typical response of the Caribbean countries in which issues relating to essential drugs have not yet been resolved. For these countries there is an urgent need for information regarding price and supplies of pharmaceutical products. The Secretariat noted that it was precisely PAHO's interest in the Caribbean Joint Procurement program that led it to carry out an evaluation of the scheme. This evaluation documented the limited use of the scheme and identified a number of reasons for this. With regard to the laboratories, a Technical Advisory Committee (TAC) comprised of representatives from CARICOM Countries has been meeting on an annual basis to monitor the progress of the laboratories and to provide technical advice and policy guidance. The TAC is aware of the difficulties that have adversely affected the work of the laboratory but has recognized the need for such an institution, particularly to serve the lesser developed countries of the Caribbean.

The Secretariat also mentioned that the Barbados Drug Service has been designated a WHO Collaborating Center with responsibilities in the areas of training, information, and technical cooperation. The BDS can and does provide the countries of the Subregion with information regarding prices of the products they purchase, and in late April it will hold a Caribbean Workshop on Drug Supply Management.

The Subcommittee was informed of the establishment of a National Drug Fund in Colombia financed by a 4% tax on pharmaceutical sales which will generate about US$10 million per year. This was considered a most
appropriate area for TCDC activities, since Colombia could benefit from the valuable experience acquired by Member Countries that have undertaken similar initiatives. Hope was expressed that PAHO would facilitate the establishment of such cooperation.

**Maintenance of Physical Infrastructure and Biomedical Equipment**

With reference to this issue the document on maintenance of physical infrastructure and biomedical equipment was found to be very comprehensive and helpful, since this is a serious problem in the English-speaking Caribbean. In response to a Subcommittee request, the Secretariat provided details on the Central America project being developed in this area.

**CRITERIA FOR THE ESTABLISHMENT OF PRIORITIES FOR PAHO'S TECHNICAL COOPERATION WITH COUNTRIES**

The Secretariat introduced the document explaining that different approaches could have been used in drafting it, and that the document might not be exhaustive in terms of all hypothetically possible criteria. Nevertheless, a simplified way of presenting the item was chosen, considering the real possibilities and needs as indicated by PAHO's experience. The document also includes comments on the goals and objectives of global and regional decisions which resulted in the present classified list of programs currently used by PAHO/WHO and the managerial strategy of PAHO which provides policy/operational guidance for its activities.

A set of general criteria was then detailed along with possible implications for the Organization's technical cooperation.

In discussion of the document it was noted that taking into account the countries' needs and demands is always the first step in regional decision-making. It was suggested that a description of this process be included in the document. It was also decided to integrate the criteria for establishment of priorities within the document related to the general policy for PAHO's technical cooperation in the 1987-1990 quadrennium.

It was suggested that a further component be added in the set of criteria, regarding the potential impact of technical cooperation in terms of feasibility of programs to which cooperation is provided; said component would incorporate cost-efficiency and significance of the programs (need, efficiency, available technology). It was also recommended that the criteria should be revised in order to be more specific.

The Subcommittee discussed several aspects of the relationship between the regional and national dimensions of PAHO's technical cooperation, and their relationship to the decision-making process for technical cooperation priorities.
GENERAL POLICY FOR TECHNICAL COOPERATION OF THE PAN AMERICAN HEALTH ORGANIZATION IN THE 1987-1990 QUADRENNIUM

The proposal presented as an initial draft outlining general policy for the 1987-1990 administrative period considers the need to define priorities that should be observed in PAHO's activities and, as was indicated in the Subcommittee's previous meeting, the proposal is meant to offer the Pan American Sanitary Conference the policy decision-making instrument under the terms of its constitutional responsibilities.

The proposal attempts to present a consolidated vision of the priorities and strategies that should guide PAHO in fulfilling the policy decisions approved by the Governing Bodies.

Analysis of the Region's epidemiological, economic, and political situation and the outlook for the 1987-1990 period, according to PAHO studies and those of other international organizations, were used as a basis for defining the problem areas that will require the attention of the countries and of PAHO. The application of priority criteria per the scheme presented in another document made it possible to identify a priority axis of action geared to transforming the health services infrastructure. At the same time, the need to once again take up this axis, considering it to be of fundamental importance for meeting the goal of Health for All by the Year 2000, was pointed out.

There should be three main components in this priority:

- Reorientation and reorganization of health systems to make primary care the major orientation within specific economic and social contexts;

- Greater efficiency in the use of available resources that can be mobilized in the general operations of health services; and,

- Review of policies regarding use and production of technology.

At the same time the proposal calls attention to gradually emerging problems that should receive attention within the referential framework of the service infrastructure. Finally, approval of a policy guideline such as that mentioned above, in terms of priorities thus defined, has implications for assuring that PAHO's programatic structure is adequate, and stresses conditions for implementation in the countries themselves.

Several aspects of the proposal were discussed, clarifying that the objective was to arrive at a more precise technical cooperation policy, not to determine national priorities.
The participants agreed on the importance of strengthening the health system and its operations, and especially the linkages between the sector's components and institutions and the various aspects of financing.

The need to analyze implementation of a policy such as the one mentioned and to define specific operational aspects was pointed out. The proposal, it was clarified, does not extend PAHO's area of action in health, but it does indicate, as do all other global and regional plans, the relationships with other health-related sectors within the social development process.

Stress was placed on the consequences of the priorities relating to transformation of the service infrastructure for the policy orientation that will have an impact on specific programs and activities. It was further pointed out that the priority for policy is set forth in the introduction of the program budget for the current biennium. This will make it possible to put forth the programmatic orientation according to the approved policy beginning in 1987.

It was agreed that the document, with the adjustments made by the Subcommittee, will be sent to the participants of this meeting of the Subcommittee and presented to the Executive Committee in June 1986.

EVALUATION STRATEGY DEVELOPMENT WITHIN THE PAN AMERICAN HEALTH ORGANIZATION

Dr. L. C. Ochoa presented the document "Analysis of PAHO/WHO Technical Cooperation at the Country Level," which corresponded to Item 9 of the Agenda.

The document proposes carrying out periodic evaluation exercises of PAHO/WHO technical cooperation in function of the country's overall plans and health situation, and in function of the Organization's policies and strategies. This evaluation would be carried out with the participation of the national health authorities and with PAHO participation from both the Country Representative's Office and Headquarters. Members of the technical and administrative units from PAHO Headquarters would be included.

It is hoped that these exercises become part of the PAHO/WHO administrative process, and that they facilitate greater internal coordination among PAHO's units and increased participation of the countries in the Organization. It is also hoped that they generate elements that would make it possible to develop over time the baseline and criteria for measuring the impact of cooperation on the national programs and systems.

During the discussion the need for greater development of the evaluation process within PAHO and in the countries was pointed out; such
a process should result in program changes. The difficulty in measuring the impact of cooperation activities was stressed, as was the need to lay a groundwork that would make it possible to effect such measurements in the future.

Three areas of evaluation were stressed as most in need of development: a) individual performance; b) cooperation programs; and c) structural units.

The need to consider different time-frames for the different kinds of evaluation was emphasized: the evaluation of demand and offer should use transversal analysis; the evaluation of the process should be a continuum; for evaluation of results, year by year; and impact evaluation should use longer intervals, of five years approximately. It requires the establishment of a baseline and previous definition of criteria and indicators for each component. The Subcommittee also stressed the importance of assisting Member Countries in the development of their own mechanisms of monitoring and evaluation.

The document presented met the conditions of feasibility given the financial situation and availability of information at the Organization and in the countries, but it should be improved through the countries' specific experiences.

It was recommended that the evaluation process also serve to strengthen capacity for planning and national evaluation, and that national planners, decision-makers, and researchers participate in the evaluation exercise. It is also important that PAHO's evaluation process coincide with the countries' evaluation cycles.

Finally, the need for the evaluation methodology to have sufficient depth, yet within a simple enough framework for it to be feasible and susceptible to improvement through practice, was stressed.

RULES OF PROCEDURE OF THE SUBCOMMITTEE (REVISION)

The Secretariat presented the revised version of the Rules of Procedure of the Subcommittee. After an extensive discussion, changes were made to the revised version, which was finally approved.

OTHER MATTERS

1. Provisional agenda for the next meeting of the Subcommittee, to be held in November/December 1986

The following items were proposed and approved:

- Evaluation of the Utilization of TCDC/ECDC in the Fields of Health Problems in Border Areas; Technical Cooperation in Research; and Analysis of Cooperation Mechanisms.
- Report on Progress in Drafting the 1988-1989 Budget.

- Analysis of the Change in Administration of the Pan American Centers and Utilization of National Personnel in their Technical Cooperation Programs.


- Economic Measures to Assure "Health for All by the Year 2000".

2. It was decided that one of the discussion topics at the meeting of the Subcommittee to take place in March/April 1987 will be the provisional draft of the proposed program budget for 1988-1989.

3. The Director informed the Subcommittee on the following matters:

   - Profound adjustments and changes that will have to be made in view of the reduction in financial resources and considering the policies and priorities that arise from the forthcoming Pan American Sanitary Conference.

   In this regard the Director stated that the adjustments and changes will be very difficult, and that in the long run they will give rise to conflicts; as a result, PAHO will need the full support of the countries and of government agencies.


   - Changes in the organization and structure of the Secretariat at PAHO Headquarters so as to provide greater support to programs for the development of infrastructure.

4. Finally, it was decided that the Rapporteur will inform the Executive Committee as to developments at the last two meetings of this Subcommittee.

CLOSING

The closing session of the Subcommittee was held on the afternoon of 4 April.
PAN AMERICAN HEALTH ORGANIZATION
EXECUTIVE COMMITTEE OF THE DIRECTING COUNCIL
SUBCOMMITTEE ON PLANNING AND PROGRAMMING

Washington, D.C., 2-4 April 1986
Washington, D.C., 2-4 de abril de 1986

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